



State of Nebraska
Workers' Compensation Court

VR-39 (3/99)

APPLICATION FOR CERTIFICATION
VOCATIONAL REHABILITATION

Date of Application

Last Name First M.I.

Mailing Address

City State Zip

Work Telephone Number Social Security Number

Check categories for which you are requesting certification based on your training, education, and/or professional certification(s).

- ☐ Vocational Rehabilitation Counselor
☐ Job Placement Specialist
☐ Both

PROFESSIONAL CERTIFICATION (attach a copy of each certification claimed).

☐ CRC ☐ CVE ☐ CIRS ☐ NCC ☐ CCM

Do you have a high school diploma or a GED Certificate (Job Placement Specialist Applicants only)? ☐ Yes ☐ No

List education level being claimed to satisfy certification requirement(s) for the categories for which you are requesting certification. *Please include a copy of your transcripts (or C.E.U. Certificates, if specialized training is being claimed in lieu of advanced education.)* Documents may be retained and not returned to you.

Names and locations of colleges, universities or other schools attended	Major	Dates Attended	Qtr. Hrs	Sem. Hrs.	Cr. Hrs.	Year Graduated	Degree Earned

SUPERVISED INTERNSHIP/PRACTICUM

(Complete *ONLY* if internships is being used in lieu of or to supplement qualifying work experience)

Name Site Address (City & State)

Internship/Practicum Site Telephone Number Dates of Internship/Practicum (Day/Month/Year)

On-Site Supervisor Total Number of Supervised Hours
☐ 480 ☐ 600 ☐ Other _____

List all relevant professional employment experience which will qualify you for certification. Please begin with the MOST RECENT position.

Name of Employer _____	
Employer Address _____	
Dates of Employment	From: _____ To: _____ # Hours Per Week _____
Job Title _____	
Name of Supervisor _____	
Description of Duties	
Reason for Leaving	

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Employer Address _____	
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Job Title _____	
Name of Supervisor _____	
Description of Duties	
Reason for Leaving	

Answer the questions below by checking the appropriate response. If you answer yes to any questions, you must attach a written explanation and, if appropriate, a final judgement or decree. You must sign this page of the form. Failure to do so will result in the return of your application

Have you ever had a professional license or certification revoked, suspended or relinquished voluntarily? ☐ Yes ☐ No

Have you ever been placed in a probationary status by a professional counseling credentialing body? ☐ Yes ☐ No

Have you ever been convicted of a felony or are you now under charges for any ethical violation? ☐ Yes ☐ No

STATEMENT OF UNDERSTANDING

I, the undersigned, hereby apply for certification to the Nebraska Workers' Compensation Court. I understand that the Workers' Compensation Court is the sole judge of my eligibility for certification. Additionally, I understand that certification is contingent upon my satisfying all criteria for training and/or experience established by the Workers' Compensation Court including the submission of all required documents and references. I also understand that any false, inaccurate or misleading statements included here will constitute grounds for the suspension or revocation of the certification(s) awarded on the basis of the information contained herein. Furthermore, I agree that data resulting from my participation may be used in a confidential manner for research and statistical purposes.

I certify that I have read and understood the Nebraska Workers' Compensation Court's Ethical Standards and Responsibilities. I furthermore agree to abide by the provisions outlined therein as a condition of the acceptance of my application.

Signature

Date Signed

DO NOT WRITE BELOW THIS LINE

Date Reviewed

Prof. Cert. Documents Recvd? ☐ Yes ☐ No ☐ N/A

Ed. Documents Recvd? ☐ Yes ☐ No ☐ N/A

Internship Verified? ☐ Yes ☐ No ☐ N/A

Employment History Verified? ☐ Yes ☐ No ☐ N/A

Ethics Blocks Checked? ☐ Yes ☐ No ☐ N/A

Application Signed? ☐ Yes ☐ No

Recommend Certification? ☐ Yes ☐ No

VRC Certificate No. _____ Effective _____

JPS Certificate No. _____ Effective _____

Date Certificate(s) Mailed _____

NEBRASKA WORKERS' COMPENSATION COURT **ETHICAL STANDARDS AND RESPONSIBILITIES**

- (1) A vocational rehabilitation service provider seeking certification from the court as a vocational rehabilitation counselor and/or job placement specialist shall, with the application for certification, agree to comply with the following ethical standards and responsibilities:
- (a) The vocational rehabilitation service provider's primary obligation is to the injured employee;
 - (b) The vocational rehabilitation service provider shall not engage in any activity which shall endanger the health, safety, or welfare of the injured employee, and will at all times respect the integrity and privacy of the injured employee;
 - (c) The vocational rehabilitation service provider shall not misrepresent his or her duties or credentials;
 - (d) The vocational rehabilitation service provider shall be unbiased and shall demonstrate honesty and objectivity in all interactions with the injured employee and other parties, including writing of reports, charging for professional services, and administration, scoring, interpretation and utilization of assessment instruments;
 - (e) The vocational rehabilitation service provider shall not conduct any psychometric or other evaluation that is beyond his or her scope of practice to administer, score, interpret, or utilize;
 - (f) The vocational rehabilitation service provider shall not recommend any medical examination, procedure, or test that is beyond his or her scope of practice to interpret or utilize;
 - (g) The vocational rehabilitation service provider shall disclose his or her purpose and role in providing vocational rehabilitation services to the injured employee. This shall be done in writing at the outset of the relationship, and shall include a notice that the injured employee has the right to disagree with a proposed vocational rehabilitation plan and the consequences of such a disagreement;
 - (h) The vocational rehabilitation service provider shall clearly identify to the injured employee all proposed vocational rehabilitation goals designed to help the injured employee return to suitable employment. Before submitting any vocational rehabilitation plan to the court, the vocational rehabilitation service provider shall ensure the injured employee clearly understands the vocational goals being proposed, the proposed method to attain those goals, and the period in which the goals are to be attained. If the injured employee disagrees with or refuses to sign the plan, the rehabilitation service provider shall also submit to the court a brief statement as to why the injured employee disagrees with or refuses to sign the plan;
 - (i) The vocational rehabilitation service provider shall not, except with agreement of all parties, attempt to influence the selection of a physician or other health professional, whether for purposes of examination or treatment;
 - (j) The vocational rehabilitation service provider shall not attempt to influence the medical opinion of a physician or other health professional;
 - (k) The vocational rehabilitation service provider shall not give legal advice, in any form, to the injured employee or advise the injured employee that legal assistance is not needed;
 - (l) The vocational rehabilitation service provider shall not engage in sexual harassment of an injured employee. "Sexual harassment" means deliberate or repeated unsolicited comments, gestures, or physical contact of a sexual nature.
 - (m) The vocational rehabilitation service provider shall not solicit referrals, either directly or indirectly, by offering money and/or gifts;
- (2) Failure to adhere to the above Ethical Standards and Responsibilities or failure to comply with the Code of Professional Ethics of The Commission on Rehabilitation Counselor Certification (CRCC), whether or not the vocational rehabilitation service provider is a member of such organization, may result in denial, suspension, or revocation of certification or certification being placed in a probationary status.

Effective 6/25/2004